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## AMENDED FILING EXPLANATION

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ANNUAL STATEMENT

For the Year Ending December 31, 2005  
of the Condition and Affairs of the

Blue Care Network of Michigan

NAIC Group Code.....572, 572  
(Current Period) (Prior Period)

NAIC Company Code..... 95610

Employer's ID Number..... 38-2359234

Organized under the Laws of Michigan

State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as Business Type.....Health Maintenance Organization

Is HMO Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized..... May 6, 1981

Commenced Business..... May 13, 1981

Statutory Home Office

20500 Civic Center Drive... Southfield ..... MI ..... 48076  
(Street and Number) (City, State and Zip Code)

Main Administrative Office

20500 Civic Center Drive... Southfield ..... MI ..... 48076  
(Street and Number) (City, State and Zip Code)

248-799-6400  
(Area Code) (Telephone Number)

Mail Address

20500 Civic Center Drive MC C455... Southfield ..... MI ..... 48076  
(Street and Number or P. O. Box) (City, State and Zip Code)

Primary Location of Books and Records

20500 Civic Center Drive... Southfield ..... MI ..... 48076  
(Street and Number) (City, State and Zip Code)

248-455-3410  
(Area Code) (Telephone Number)

Internet Website Address

www.mibcn.com

Statutory Statement Contact

Joseph John Andraska  
(Name)  
jandraska@bcbsm.com  
(E-Mail Address)

248-455-3428  
(Area Code) (Telephone Number) (Extension)  
248-455-3639  
(Fax Number)

Policyowner Relations Contact

20500 Civic Center Drive... Southfield ..... MI ..... 48076  
(Street and Number) (City, State and Zip Code)

800-662-6667  
(Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
1. Kevin Lewis Seitz	President & Chief Executive Officer	2. Julie Concetta Swantek	Secretary
3. Susan Anne Kluge	Treasurer & Chief Financial Officer	4. David Robert Nelson	Chief Actuarial Officer

OTHER

Douglas Robert Woll MD	Chief Medical Officer	Jeanne Helen Carlson	Chief Operating Officer
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DIRECTORS OR TRUSTEES

Julie Anne Angott	Mark Robert Bartlett	William Harrison Black	Charles Lee Burkett
Shauna Ryder Diggs MD	Franklin Delano Garrison	Janet Louise Harden #	DeMerritte Bonta Hiscoe MD
Valeria Ann Holmon	Karen Marie Knapp #	Donald Glenn Oetman	Kevin Lewis Seitz
Gregory Alan Sudderth	Diana Lynn Watson	Richard Elliott Whitmer	

State of..... Michigan  
County of..... Oakland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Kevin Lewis Seitz	Julie Concetta Swantek	Susan Anne Kluge
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Treasurer & Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This day of

a. Is this an original filing?

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [ X ] No [ ]

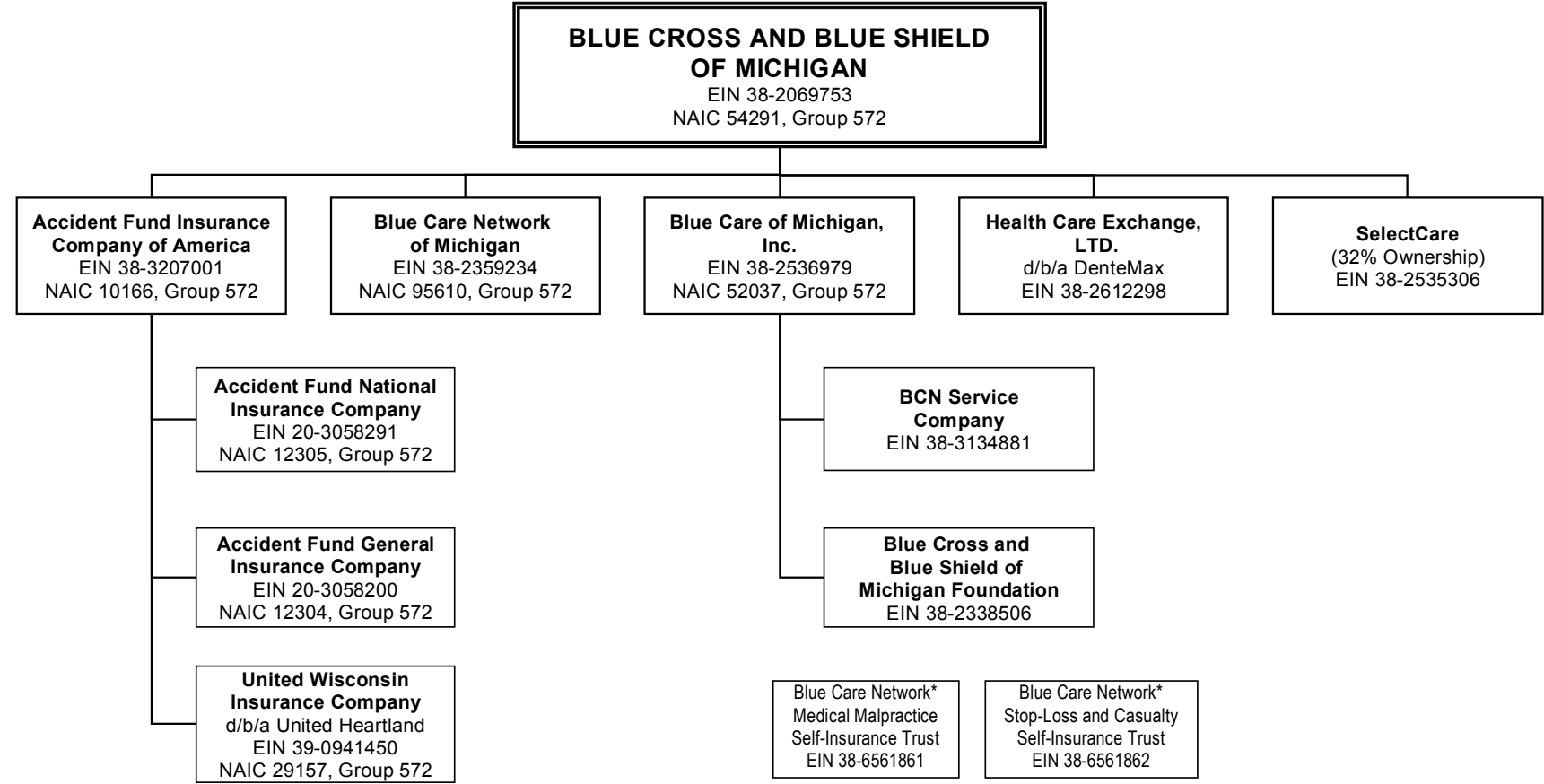
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

SUBSIDIARY & AFFILIATE ORGANIZATION CHART

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\* Blue Care Network of Michigan participates in these Trusts for self-insurance purposes.